

Results

Quantitative data was analyzed for various health topics including: mortality, population and demographic data, natality, infant mortality, heart disease, stroke, hypertension, access to health care/health uninsurance, cancer, asthma, injuries, diabetes, obesity, osteoporosis, arthritis, dementia/Alzheimer's disease, communicable disease, environmental health, sexually transmitted diseases, HIV/AIDS, mental health, dental health, substance abuse, disabilities, and tobacco use.

Cumulative analysis of all quantitative and qualitative data was used to prioritize the top health needs of Charles County.

Health Priority Areas

1. Chronic Disease Prevention and Management

- Major Cardiovascular Disease (Heart Disease, Hypertension, and Stroke)
- Obesity and Overweight
- Diabetes Prevalence
- Cancer

2. Behavioral Health

- Substance Use Disorders (Alcohol, Drug, and Tobacco Use)
- Mental Health

3. Access to Care

- Physician Recruitment and Retention
- Social Determinants of Health (Transportation, Health Literacy)

Charles County Health Improvement Plan Long-Term Objectives FY 2016-2018

Priority One: Chronic Disease Prevention and Management

Obesity:

1. Increase the percentage of Charles County adults who are at a healthy weight from 27.9% to 28.5% by 2017. Source: 2013 Maryland BRFSS
2. Decrease the percentage of Charles County residents 13-18 years old who are obese from 12.3% to 11.3%. Source: 2013 Maryland YRBS

Diabetes:

1. Reduce the Charles County diabetes emergency department visit rate from 208.7 per 100,000 to the Maryland rate of 205.0 per 100,000. Source: 2013 Maryland HSCRC data from SHIP website

Major Cardiovascular Disease:

1. Reduce the Charles County hypertension emergency department visit rate from 308.1 per 100,000 to 305 per 100,000. Source: 2013 Maryland HSCRC data from SHIP website

Cancer:

1. Decrease the Charles County colon and rectal cancer mortality rate from 19.4 per 100,000 to 18.0 per 100,000. Source: 2014 Maryland CRF Cancer Reports

Priority Two: Access to Care

Physician Recruitment and Retention:

1. Increase the number of Charles County physicians by 7 providers.

Unnecessary Hospital Utilization:

1. Reduce the Charles County preventable hospital stay rate from 71 per 1,000 Medicare enrollees to 69 per 1,000 Medicare enrollees. Source: County Health Rankings

Priority Three: Behavioral Health

Mental Health:

1. Reduce the Charles County mental health emergency department visit rate from 3,045.8 per 100,000 to 3,015 per 100,000. Source: 2013 Maryland HSCRC data from SHIP website

Substance Use Disorders:

1. Reduce the Charles County addictions-related emergency department visit rate from 1,200.4 per 100,000 to 1,188 per 100,000. Source: 2013 Maryland HSCRC data from SHIP website

For questions or comments about the Health Needs Assessment, please visit CharlesRegional.org/Contact or call **1.888.332.4847**